

Patent Dkt. No. SLV920010014US1/2069 Attorney Initials CIB

Application No. 09/822,174 Filing Date March 29, 2001

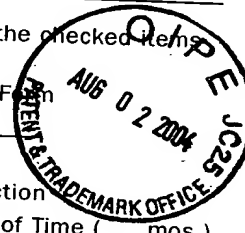
Applicant(s) F. Sharp

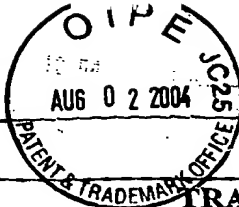
Papers Filed Herewith on August 2, 2004

Receipt is hereby acknowledged of the papers filed as indicated by the checked items in connection with the above-identified application:

- | | |
|--|---|
| <input type="checkbox"/> New Application Transmittal Form | <input type="checkbox"/> Credit Card Payment Form |
| <u> </u> Pages of Specification (<u> </u> claims) | Fees \$ <u> </u> |
| <u> </u> Sheets of Drawings | <input type="checkbox"/> Amendment |
| <input type="checkbox"/> Declaration (<u> </u> pages) | <input type="checkbox"/> Response to Office Action |
| <input type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Petition for Extension of Time (<u> </u> mos.) |
| <input type="checkbox"/> Claim for Priority | <input type="checkbox"/> Information Disclosure Statement |
| <input type="checkbox"/> Priority Documents | <input type="checkbox"/> PTO-1449 <input type="checkbox"/> Copies of References |
| <input type="checkbox"/> Assignment Papers | <input type="checkbox"/> Revised Drawings (<u> </u> sheets) |
| <input type="checkbox"/> Issue Fee Transmittal | <input type="checkbox"/> Notice of Appeal |

☒ Other Petition, RCE, IDS incl/reference, Transmittal
incl/charge to Deposit Account



**TRANSMITTAL FORM**Attorney Docket No.
SVL920010014US
2069P

In re the application

Serial No: **09/822,174**

Group Art Unit:

Filed: **Mar 29, 2001**

Examiner:

For: **Method and System For Providing Feedback Concerning A Content Pane To Be Docked In A Host Window****ENCLOSURES (check all that apply)**

<input type="checkbox"/>	Amendment/Reply	<input type="checkbox"/>	Assignment and Recordation Cover Sheet	<input type="checkbox"/>	After Allowance Communication to Group
<input type="checkbox"/>	After Final	<input type="checkbox"/>	Part B-Issue Fee Transmittal	<input type="checkbox"/>	Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/>	Information disclosure statement	<input type="checkbox"/>	Letter to Draftsman	<input type="checkbox"/>	Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input checked="" type="checkbox"/>	Form 1449	<input type="checkbox"/>	Drawings	<input type="checkbox"/>	Status Letter
<input checked="" type="checkbox"/>	(1) Copies of References	<input checked="" type="checkbox"/>	Petition Under 37 CFR 1.313(c)	<input type="checkbox"/>	Postcard
<input type="checkbox"/>	Extension of Time Request *	<input type="checkbox"/>	Fee Address Indication Form	<input type="checkbox"/>	Other Enclosure(s) (please identify below):
<input type="checkbox"/>	Express Abandonment	<input checked="" type="checkbox"/>	Request for Continued Examination Transmittal		
<input type="checkbox"/>	Certified Copy of Priority Doc	<input type="checkbox"/>	Power of Attorney and Revocation of Prior Powers		
<input type="checkbox"/>	Response to Incomplete Appln	<input type="checkbox"/>	Change of Correspondence Address		
<input type="checkbox"/>	Response to Missing Parts	*Extension of Term: Pursuant to 37 CFR 1.136, Applicant petitions the Commissioner to extend the time for response for xxxxxx month(s), from to .			
<input type="checkbox"/>	Executed Declaration by Inventor(s)				

CLAIMS

FOR	Claims Remaining After Amendment	Highest # of Claims Previously Paid For	Extra Claims	RATE	FEE
Total Claims	0	0	0	\$18.00	\$ 0.00
Independent Claims	0	0	0	\$86.00	\$ 0.00
				Total Fees	\$ 0.00

METHOD OF PAYMENT

<input type="checkbox"/>	Check no. _____ in the amount of \$ _____ is enclosed for payment of fees.
<input checked="" type="checkbox"/>	Charge all fees associated with this correspondence to Deposit Account No. <u>09-0460</u> (IBM Corporation) for payment of fees.
<input checked="" type="checkbox"/>	Charge any additional fees or credit any overpayment to Deposit Account No. <u>04-0460</u> (IBM Corporation)

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Attorney Name	Joseph A. Sawyer, Jr., Reg. No. 30,801
Signature	
Date	August 2, 2004

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being hand carried to: Mail Stop Petitions, P.O. Box 1450, Alexandria, VA 22313-1450 on this date: **August 2, 2004**

Type or printed name _____